

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 1-01				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-W-12-003			Contract Period 01/01/2013 To 12/31/2013			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number    1			1-01				
Contractor SRC, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 01/01/2013 To 12/31/2013					
Comments: The purpose of this modification is to decrease the estimated LOE by 1,200 hours to 2,900 hours. Contractor will submit a revised cost estimate.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:						
01/01/2013 To 12/31/2013				0						
This Action:				0						
Total:				0						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name    Diana Darling						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number    202-564-8582				
						FAX Number:				
Project Officer Name    Cynthia Bowie						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-7726				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name    Abbie Jemmott						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-1266				
						FAX Number:				